

# Measure Work Sheet

Job Name \_\_\_\_\_

Job Site Address \_\_\_\_\_



	Location / Room	Blind Type	Fabric Colour	Qty	Width mm	Drop mm	Control Side L or R	Roll Direction Over Roll or Under Roll	Installation Face / Recess / Top
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

**Notes**
